## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/10/2012 FORM APPROVED OMB NO. 0938-0391

INME OF PROVIDER OR SUPPLIER  LAURELS OF DEKALB  SUMMARY STATEMENT OF DEPICIENCES PROTOR PROTOPOPER OR SUPPLIER  SUMMARY STATEMENT OF DEPICIENCES PROTOR PROTOPOPER PLAN OF CORRECTION PRO	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  01,02		(X3) DATE SURVEY COMPLETED	
LAURELS OF DEKALB    Maj 10   PREFIX   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   PROVIDER'S PLAN OF CORRECTION   GRACH CORRECTIVE ACTION SHOULD BE CRUATORY OR LSC IDENTIFYING INFORMATION!   D PROVIDER'S PLAN OF CORRECTION   GRACH CORRECTIVE ACTION SHOULD BE CRUATORY OR LSC IDENTIFYING INFORMATION!   D PREFIX   CROSS REFERENCED TO THE APPROPRIATE   COMPLETION   CRAFF OF PREFIX   CRAFF			155386	B. WIN	IG		09/0	5/2012
PREFIX TAG  REGULATORY OR I.S.C. IDENTIFYING INFORMATION)  (K 000)  INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey conducted on 07/18/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 433.70(a)  Survey Date: 09/05/12  Facility Number: 000574 Provider Number: 155386 AlM Number: 100266430  Surveyor: Amy Kelley, Life Safety Code Specialist  At this PSR survey, Laurels of Dekalb was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (INFA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building consisting of the 100, 200, 300 and 400 halls, the main dining room and the service hall was surveyed with Chapter 19, Existing Health Care Occupances.  This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in in the corridors and areas open to the corridors. Battery operated smoke detectors were installed in the resident rooms. The facility has a capacity of 101 and had a census of 88 at the time of this survey.  The facility was found in compliance with state					52	0 W LIBERTY ST	·	
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	ABORATORY	-		:		TIT! F		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  01,02		(X3) DATE SURVEY COMPLETED	
		155386	B. WING			R	
NAME OF PROVIDER OR SUPPLIER  LAURELS OF DEKALB				STREET ADDRESS, CITY, STATE, ZIP CODE  520 W LIBERTY ST  BUTLER, IN 46721			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE A DEFICIENCY)		OULD BE COMPLETION	
{K 000}	law in regard to sprint detector coverage.  All areas where reside were sprinklered. The garage providing facil storage of beds, matter that was not sprinkler.  Quality Review by Ro	ents have customary access e facility had a detached ity services including resses and snow blowers ed.	{K C	00}			
{K9999}	Code Specialist-Medi FINAL OBSERVATIO	cal Surveyor on 09/07/12. NS	{K99	99}			
{K 000}	Code Recertification, Assurance Walk-thru 07/18/12 was conduc	t (PSR) to the Life Safety State Licensure and Quality Survey conducted on ted by the Indiana State in accordance with 42 CFR 2 574 5386 6430	{K C	00}			
	Specialist  At this PSR survey, L in compliance with Re in Medicare/Medicaid Life Safety from Fire a	aurels of Dekalb was found equirements for Participation , 42 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101,					

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			A. BUI		9 01,02	R	
		155386	B. WIN	IG		09/0	5/2012
NAME OF PROVIDER OR SUPPLIER  LAURELS OF DEKALB				5	REET ADDRESS, CITY, STATE, ZIP CODE 20 W LIBERTY ST BUTLER, IN 46721		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION S		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	OULD BE COMPLETION	
{K 000}	new section of the buhall Therapy gym was New Health Care Occ.  This one story facility Type V (000) construct sprinklered. The facility with smoke detection open to the corridors detectors were install. The facility has a cap census of 88 at the time. The facility was found law in regard to sprinklered to sprinklered. All areas where residing were sprinklered. The garage providing facility was found the sprinklered. The garage providing facility was found the sprinklered.	C) and 410 IAC 16.2. The ilding consisting of the 300 is surveyed with Chapter 18, cupancies.  was determined to be of ction and was fully ity has a fire alarm system in in the corridors and areas Battery operated smoke ed in the resident rooms. acity of 101 and had a me of this survey.  I in compliance with state kler coverage and smoke ents have customary access the facility had a detached ity services including resses and snow blowers	{K (	000}			